



HEALTHCARE CONSORTIUM OF ILLINOIS

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On behalf of the Healthcare Consortium of Illinois (HCI), I would like to thank the council for the opportunity to offer commentary on the Essential Health Benefits (EHB) for Illinois.

HCI is an organization of partners committed to developing and maintaining targeted, community-based, integrated health and human service delivery systems, which increase the well-being of individuals, families, and communities throughout Illinois by means of advocacy, awareness, and action. Many of the populations we service have diverse and pressing medical conditions. Furthermore, many of these communities also have experienced substantial economic hardship; limited access to quality and affordable healthcare solutions and a lack health-related education often result in significant health care disparities. Consequently, we find that it is critical that Illinois select an EHB plan that is both comprehensive, in that it provides quality care for a wide array of conditions, and affordable, in that it allows insurance plans to be offered to consumers at a financially permissible cost.

While HCI supports the majority of the provisions used to guide the selection of an EHB package, we do have three specific concerns which we feel are critical facets of an effective benchmark plan:

- First, some providers have voiced the opinion that the benchmark plan should only include a minimal package of benefits. This would allow insurers to offer different plans with varying degrees of coverage, while still comporting with the requirements of the ACA. While flexibility with regard to offering different levels of coverage is certainly advantageous in some regards, general requirements also open the door for providers to offer bare bones insurance plans which may not be as thorough with regard to the conditions they cover and simply cannot meet the varied needs of economically disadvantaged consumers. In other words, a minimalistic benchmark plan is a gateway for insufficient, ineffective health insurance plans.

We, instead, advocate that the primary determinant in selecting an EHB benchmark plan be comprehensiveness of coverage. Moreover, the need for a plan which can accommodate an array of complex needs over diverse populations is critical to ensuring that all people have equal access to quality health care. However, it should be noted that our recommendation that comprehensiveness of coverage be the primary factor in the final determination does not necessarily preclude the selection of the least expensive plans. For, if a plan was sufficiently extensive and happened to be the most affordable, it would certainly make for a viable choice.



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- Secondly, we encourage and reiterate the need for mental health and substance use disorder services to be covered at parity with other medical services. The ACA, in requiring compliance with the Mental Health Parity and Addiction Equity Act, extends the requirement for mental health and substance use coverage to the individual market.

According to the Substance Abuse and Mental Health Services Administration, 55.8 percent of individuals with both substance and mental health disorders receive no treatment whatsoever¹. Furthermore, the effective treatment of mental health and substance use disorders can have an array of positive effects, such as decreased substance use, improved psychiatric symptoms, decreased hospitalizations, greater housing stability, fewer criminal offenses, an improved quality of life, and increased productivity. In short, the benefits that adequate mental health and substance use disorder services offer could potentially mitigate the costs associated with offering such services. HCI, thus, advocates that a benchmark plan which has great actuarial richness in this category be selected.

- Finally, we feel the need to express concerns with the provision of the proposal which stipulates that the proposed standard for pharmacy benefits should mimic the flexibility found in Medicare Part D. Under this standard, if a benchmark plan offers a particular drug in a given class, than all insurance plans must offer at least one drug in that same class.

HCI feels that this simply sets the bar too low. Many people in the communities we serve have complex conditions which require complicated treatment. This requirement could potentially create an undue burden for these communities. For example, some people with diabetes require more than one hypoglycemic agent to keep their glucose levels under control. If their insurance plan only covered one drug, and the person was facing economic hardship, this could result in very dire consequences. Thus, HCI advocates for the replacement of this standard with one which can accommodate the complex needs of the diverse population of Illinois.

In conclusion, weighing the comprehensiveness of coverage, ensuring adequate provisions for mental health and substance use disorders, and reevaluating the pharmaceutical standard should all factor into your final decision. More importantly, if the council is to take anything away from this commentary, let it be its titular significance. You have been entrusted to select the Essential Health Benefits, and the strongest factors in that determination should emulate just that. You should select a plan primarily because of the

¹ “Co-occurring Disorders”. Substance Abuse and Mental Health Services Administration. Department of Health and Human Services. 14 Sept 2010. Web. 18 Sept 2012.



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package of benefits it offers. All other consideration – affordability, standards, and definitions – are auxiliary.

Again, thank you for the opportunity to comment on this critical issue. If you have any additional questions, please feel free to contact me at 612.839.4648 or mmoroni@hcionline.org.

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